

Kentucky Behavioral Health Planning and Advisory Council

Membership Application Information

Overview:

The Kentucky Behavioral Health Planning and Advisory Council is seeking applications of individuals to serve as voting members of the Council. The Council represents and makes recommendations regarding issues and services for persons with, or at risk of, mental health disorders, substance use disorders, or co-occurring mental health and substance use disorders.

The 35-member Council is made up of representatives from state agencies, providers, individuals in recovery from mental health and/or substance use disorders, family members of individuals in recovery, parents and guardians of a child with behavioral health challenges and one young adult in recovery. The individuals in recovery, parents and family members make up the majority of the membership. New members will be given an orientation and may be linked with a mentor to provide greater understanding of Council duties and activities.

Mission: The Council is the active voice promoting awareness of and access to effective, affordable, recovery-oriented and resiliency-based services in all communities.

Vision: All children, adolescents, and adults in the Commonwealth have the right to excellent, recovery-oriented behavioral health services that are affordable, consumer driven, value individuality, assist them to achieve their fullest potential, and enable them to live and thrive in the community.

Eligibility Criteria:

Applicants must be a representative of one of the following:

1. An Individual in Recovery (from mental health and/or substance use disorders)*
2. A Young Adult (age 18-25 years only) in Recovery (from mental health and/or substance use disorders)
3. A Parent/Guardian of a Child with Behavioral Health Challenges (serious emotional disturbance (SED)**, substance use disorder, or co-occurring SED and substance use disorder)
4. A Family Member of an Individual in Recovery (from mental health and/or substance use disorders)

*Recovery is an on-going, non-linear process that may include relapse.

**Definition of a Child or Adolescent with Serious Emotional Disturbance (SED)

Kentucky Revised Statute (KRS 200.503) Definition:

"Child with a severe emotional disability" means a child with a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and that:

(a) Presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas: "Self-care," defined as the ability to provide, sustain, and protect his or herself at a level appropriate to his or her age; "Interpersonal relationships," defined as the ability to build and maintain satisfactory relationships with peers and adults; "Family life," defined as the capacity to live in a family or family type environment; "Self-direction," defined as the child's ability to control his or her behavior and to make decisions in a manner appropriate to his or her age; and "Education," defined as the ability to learn social and intellectual skills from teachers in available educational settings; or (b) Is a Kentucky resident and is receiving residential treatment for emotional disability through the interstate compact; or (c) The Department for Community Based Services has removed the child from the child's home and has been unable to maintain the child in a stable setting due to behavioral or emotional disturbance; or (d) Is a person under twenty-one (21) years of age meeting the criteria of paragraph (a) of this subsection and who was receiving services prior to age eighteen (18) that must be continued for therapeutic benefit.

Federal Definition:

Children with "serious emotional disturbance" are persons: (1) from birth up to age 18; (2) who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R; (3) that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities. The definition goes on to indicate that "these disorders include any mental disorder (including those of biological etiology) listed in DSM-III-R or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-III-R 'V' codes, substance use, and developmental disorders, which are excluded, unless they co-occur with

another diagnosable serious emotional disturbance....". Functional impairment is defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in their environment. Children who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition. (Federal Register: May 20, 1993, Vol. 58, No. 96, pg. 29422-29425.)

A full-time employee of a state agency is only eligible to serve on the Council as a representative of his/her respective agency.

A full-time employee of a provider of behavioral health services (e.g., community mental health center, other public or private provider, school, lobbyist or advocacy organization, etc.) is **not** eligible to serve on this Council as a representative of individuals in recovery, young adult in recovery, parent or family member of individual in recovery.

The Membership Committee solicits widely for potential members of the Council. Membership applications are distributed to contacts at the community mental health centers, advocacy organizations, and state agencies. The Committee reviews all completed applications and makes a recommendation to the Council. Per the Council's Bylaws, members of the Council shall be appointed, upon the Council's recommendation, by the Commissioner of the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID). If an application is not selected for a current Council seat, it will be retained for one year from date of application. The Membership Committee reserves the right to contact applicants for additional information.

Things to Know:

As an appointed member of the Council, your name and representation will be posted to the DBHDID webpage. Your contact information (telephone number, mailing address, and email address) will be included on the Council roster and the Unified Mental Health and Substance Abuse Prevention and Treatment Block Grant application and report (which is also posted publicly).

Per federal mandate and the Council Bylaws, the Scope of Duties Include:

- A. To serve as advocates for adults and children with behavioral health disorders and their families.
- B. To report directly to the Commissioner of the Department for Behavioral Health, Developmental and Intellectual Disabilities.
- C. To review the Unified Mental Health and Substance Abuse Prevention and Treatment Block Grant application which serves as Kentucky's plan for community-based behavioral health services for adults and children. The plan is provided to the Council pursuant to Public Law 102-321, Section 1915 (a) and the Council is required to submit any recommendations for modification to the plan. Subsequently, the Council is required to review the annual Implementation Report for the prior year and submit comments.
- D. To monitor, review, and evaluate, not less than once a year, the allocation and adequacy of behavioral health services within the Commonwealth.
- E. To serve a minimum of a two-year term and attend at least four meetings per year in Frankfort, Kentucky. Expenses are reimbursed and a stipend is provided for the individual's time.

For more information about the Kentucky Behavioral Health Planning and Advisory Council, visit the KBHPAC website at <http://dbhdid.ky.gov/dbh/kbhpac.aspx>.

A completed membership application must be submitted via email, fax or mail (email is preferred) no later than Thursday, January 15, 2015. Any interested applicant may also be asked to briefly meet in person or via telephone with the KBHPAC Membership Committee.

Kentucky Behavioral Health Planning and Advisory Council

Membership Application

Please type or print clearly.

Name of Applicant

Email

Address

Telephone Number(s)

CMHC Region

Date Submitted

Per federal mandate, full-time employees of a state agency or provider of mental health services are not eligible to serve as an appointed member of this Council.

- ☐ I affirm that I am not a full-time employee of a state agency.
- ☐ I affirm that I am not a full-time provider or employee of a provider agency of mental health or substance use services (e.g., community mental health center, other public or private provider, school lobbyist or advocacy organization, etc.).

Representative Group (please check one):

- ☐ **Individual in Recovery (from mental health and/or substance use disorders)**
"I am willing to be identified as an individual in recovery from mental health and/or substance use disorder."
- ☐ **Young Adult in Recovery (age 18-25 years only)**
"I am willing to be identified as a young adult in recovery from mental health and/or substance use disorder."
- ☐ **Family Member of an Adult in Recovery (from mental health and/or substance use disorders)**
"I am willing to be identified as a family member of an individual in recovery from mental health and/or substance use disorder."
- ☐ **Parent/Guardian of a Child with Behavioral Health Challenges**
"I am willing to be identified as a parent/guardian of a child with behavioral health challenges."
Please state the age of your child: _____

Please state why you would like to become a member of the Kentucky Behavioral Health Planning and Advisory Council.

Please provide a description of the condition or situation that qualifies you as a representative of one of the above representative groups (e.g., diagnosis). Please include information about services you or your family member has received from the publicly-funded behavioral health system, such as from a community mental health center.

What are your specific interests and concerns regarding Kentucky's publicly-funded behavioral health system of care?

Please identify skills, knowledge and strengths you would bring to the Kentucky Behavioral Health Planning and Advisory Council.

The Kentucky Behavioral Health Planning and Advisory Council has an ongoing commitment to advancing diversity within its membership. We acknowledge that diversity includes any aspect of an individual that makes him or her unique. Our Council values and actively promotes diverse and inclusive participation by its officers, members, and staff. We recognize that diversity is vital to all elements of our mission. At your option, you may state how you would contribute to the diversity of the Council.

Please list three character references (other than a relative or a current member of the Kentucky Behavioral Health Planning and Advisory Council).

1. Name: _____ Phone and/or Email: _____

Relationship to Applicant: _____

2. Name: _____ Phone and/or Email: _____

Relationship to Applicant: _____

3. Name: _____ Phone and/or Email: _____

Relationship to Applicant: _____

- ☐ **I am available via telephone or in person on January 22, 2015 to introduce myself to the Membership Committee of the Council and to answer questions they may have about my application. I understand that I will not be reimbursed for any travel expenses on this day.**

Each member shall use good judgment to keep confidential all sensitive information pertaining to Council members and applicants, both during and after serving on the Council.

Council members are expected to treat other members, officers, and staff with respect and dignity at all times. Any threatening or offensive behavior may be cause for dismissal from the Council, at the discretion of the Council and Department staff.

Thank you for your interest in becoming a member of the Kentucky Behavioral Health Planning and Advisory Council. You will be contacted in January with information regarding telephoning or attending the meeting on January 22, 2015.

By my signature, I confirm that the above information is accurate and reflects my interest and commitment to serve on the Kentucky Behavioral Health Planning and Advisory Council.

Signature: _____ Date: _____

A completed membership application must be submitted via email, fax or mail to Colleen Meszaros.

Colleen Meszaros

Colleen.Meszaros@ky.gov

DBHDID/Division of Behavioral Health

275 E. Main Street, 4WG, Frankfort, Kentucky 40621

Telephone (502) 782-6234 or Fax (502) 564-9010

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